

THERAPY SERVICES TECHNICAL ADVISORY COMMITTEE

**Transportation Cabinet
Room C122, 200 Mero Street
Frankfort, Kentucky
July 12, 2016
8:30 a.m.**

The meeting of the Therapy Services Technical Advisory Committee (TAC) was called to order by Beth Ennis, Chair.

The TAC members in attendance: Beth Ennis, Charlie Workman, Linda Derosssett (telephonically) and Leslie Sizemore (telephonically).

Medicaid staff in attendance: Stephanie Bates (telephonically), Charles Douglass (telephonically), C.J. Jones, Jeana Jolly, Jessica Jackson.

Others in attendance: Kathleen Ryan, Anthem; Mary Hiatt and Cathy Stephens, Humana-Caresource; Dell Frazee, Passport; Pat Russell, WellCare; Laura Crowder, Aetna Better Health; Marcie Fawver (telephonically), Mariposa Place Therapy Services.

REVIEW AND APPROVAL OF MAY 23, 2016 MEETING MINUTES:

There were no changes or corrections to the minutes. Dr. Ennis accepted the minutes as written.

OLD BUSINESS:

- (a) Waiver Transition: Mr. Douglass stated that the HCB waiver changes will roll out around September 1st. A change order has been written to remove the prior authorization request for OT, PT and speech so that for the first 20 visits, there will not be a requirement to get a PA. PA's will start at the 21st visit. Dr. Ennis asked for a notification if this rolls out sooner than September 1st. Mr. Jones stated that the SCL waiver changes will roll out next and then the ABI will roll out in February of 2017.
- (b) Passport and MPPR: Dr. Ennis stated that it is a requirement to use the MPPR for Medicare but not for Medicaid and that the concern for therapies is that they are taking a rate that is already cut from the Medicare fee schedule and applying further cuts to it that are going to make it impossible to provide services. Ms. Jones stated that the Medicaid rate is based upon a discounted percentage of the Medicare rate. Ms. Frazee will ask the reimbursement people at Passport to contact Dr. Ennis and discuss this with her.
- (c) Fee Schedule Changes – adding 97113 to OT/ST: Ms. Jones noted that a change order was already in process to add 97113 to OT but that it would not be added to speech. Dr. Ennis asked for the reasoning behind not adding it to speech, and Mr. Douglass stated that if she could submit information as to where that would come into play with speech, he would review it.
- (d) Other Old Business: Dr. Ennis asked about the TAC receiving usage data from the MCOs and DMS regarding the provision of services and asked about how this information should be requested. Ms. Jones stated that for fee-for-service, it should be requested by CPT code and specialty group. The request needs to be specific as to whether it is a request to fee-for-service or to the MCOs. Any requests to the MCOs will need to go through Stephanie Bates. Dr. Ennis will talk with members of the TAC and with speech representatives to come up with a comprehensive list of requests and will forward this to Ms. Jones and Ms. Bates.

NEW BUSINESS:

Dr. Ennis asked if there were any thoughts with the new State Plan Amendment for the State Plan to remove the differential, and Ms. Jones stated she has not heard any discussion about the State Plan side of it yet.

Mr. Workman asked about the requirement from the MCOs and Medicaid for physician electronic signatures. WellCare and Aetna stated that as long as it says electronically signed it will be accepted. Humana, Anthem and Passport will check on this and report back.

Mr. Workman asked if speech therapy's use of 97535, Self-Care/Home Management Training, needs to strictly be isolated to PM&R levels of care or can it be in an acute environment versus in an outpatient environment. Ms. Jones will have to check on this for fee-for service

PUBLIC COMMENT: Marcie Fawver with Manpossa Place, an SCL provider, noted that the agency has applied for a mobile health service which has not been approved to date and, therefore, they cannot apply as a multiple-therapy agency provider type and receive a Medicaid number to begin billing by August 1st. Ms. Jones again noted that the SCL waiver changes will not take effect by August 1st and this would allow time for the application to go through the

process.

Ms. Fawver asked for clarification concerning individuals transitioning from the waiver to traditional Medicaid and automatically being approved for the units that they had under the waiver for a period of six months or will a new evaluation be necessary. Mr. Workman also asked if a new physician order would be required in this transition to continue with the therapies or would it suffice if the physician or referring provider signs the recertification. Ms. Jones will research these questions.

RECOMMENDATIONS TO MAC: There were no recommendations to be made to the MAC.

The meeting was adjourned. The next meeting date is Tuesday, September 6, 2016 at 8:30 a.m., location to be determined.

(Minutes were taped and transcribed by Terri Pelosi, Court Reporter, this the 20th day of July, 2016.)